



UTILITY  
SERIAL  
NUMBER

SERIAL NUMBER

APPLICANTS

1. NAME, ADDRESS, AND  
CITY, STATE, ZIP  
2. PHONE NUMBER  
3. EMPLOYER'S NAME, ADDRESS,  
CITY, STATE, ZIP  
4. EMPLOYER'S PHONE NUMBER  
5. EMPLOYER'S TITLE  
(OPTIONAL)

6. CLAIM NUMBER  
7. DATE RECEIVED

None

8. CLAIM VERIFIED

None

9. FOREIGN PRIORITY

Foreign priority claimed  
35 USC 119 conditions

Verified and Acknowledged

10. ADDRESS  
11. CITY, STATE, ZIP  
12. COUNTRY

TITLE

PARTS OF APPLI  
FILED SEPARAT

NOTICE OF ALL

8-18

ISSU

Amount Due

1320.00

La  
An

POSITION	ID NO.	DATE
CLASSIFIER		12/12/96
EXAMINER	333	12/19/96
TYPIST	230	2-17-97
VERIFIER		
CORPS CORR.		
SPEC. HAND	230	2-17-97
FILE MAINT.	258	12-30-96
DRAFTING		

## INDEX OF CLAIMS

Claim	Date
Final Original	
1	10/13/98
2	10/13/98
3	10/13/98
4	10/13/98
5	10/13/98
6	10/13/98
7	10/13/98
8	10/13/98
9	10/13/98
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46	10/13/98
47	10/13/98
48	10/13/98
49	10/13/98
50	10/13/98

SYMBOLS

✓ ..... Rejected

- ..... Allowed

(Through numeral) Canceled

+ ..... Restricted

N ..... Non-elected

I ..... Interference

A ..... Appeal

O ..... Objected

Claim	Date
Final Original	
51	
52	
53	
54	
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57	
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